ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-01384A **Dells Water Company** PO Box 870 Clarkdale, AZ 86324

RECEIVED ACC UTLITIES DIRECTOR

ANNUAL REPORT Water

FOR YEAR ENDING

2010 **12** 31

FOR COMMISSION USE

ANN 04 10

COMPANY INFORMATION

		
Company Name (Business Name)	Dolls 112 Ler	Composiy
$(1)_{\alpha}$ $(2)_{\alpha}$	× 870	
Mailing Address	A 7 (1)	7.324
(City)	$\frac{1}{C} \qquad \qquad > C$ (State)	(Zip)
928 639 1308	928 1024 85	/2
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address		
Local Office Mailing Address		
(Stre	et)	
(City)	(State)	(Zip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address		
MANAC	GEMENT INFORMATION	
□Regulatory Contact: ☑Management Contact:	our Perkins	Rickleegee
$\frac{1}{2}\sqrt{2}\times 870$	(Name) arteals	72 S70324
928 639 1308	(City) (24851Z	(State) (Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address	age consideration of the contract of the contr	
On Site Manager:	(Name)	
		(3:)
(Street)	(City)	(State) (Zip)
Telephone No. (Include Area Code) Email Address	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Januar I Adda Voo		

Statutory Agent: / 2017 d	A (cala Ir.			
/0 /nx 870	(Name) 11/COOCE	AL S6324		
(Street) (234 7.716)	(City) 978 1624	(State) (Zip)		
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Cell No. (Include Area Code)		
Attorney:	(Name)			
	(Name)			
(Street)	(City)	(State) (Zip)		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)		
Email Address				
OWN	ERSHIP INFORMATION	[
Check the following box that applies to you	ur company:			
Sole Proprietor (S)	C Corporation (C)	(Other than Association/Co-op)		
Partnership (P)	Subchapter S Corporation (Z)			
☐ Bankruptcy (B)	Association/Co-op ((A)		
☐ Receivership (R)	Limited Liability C	ompany		
Other (Describe)				
9	COUNTIES SERVED			
Check the box below for the county/ies in	which you are certificated to prov	vide service:		
□ АРАСНЕ	☐ COCHISE			
☐ GILA	☐ GRAHAM	☐ GREENLEE		
☐ LA PAZ	☐ MARICOPA	☐ MOHAVE		
☐ NAVAJO	□ РІМА	☐ PINAL		
☐ SANTA CRUZ	YAVAPAI	☐ YUMA		
☐ STATEWIDE				

COMPANY NAME 10/5 Water 10. 720,

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	478	478	0
307	Wells and Springs	4458	4458	
311	Pumping Equipment	22278	19655	2623
320	Water Treatment Equipment	905	905	
330	Distribution Reservoirs and Standpipes	32400	2400	30 000
331	Transmission and Distribution Mains	11363	11363	
333	Services			
334	Meters and Meter Installations	1460	1460	
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment	_		
347	Miscellaneous Equipment	4631	4631	
348	Other Tangible Plant			
	TOTALS	71973	45350.	32623.

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

Polls Water Co, Inc.

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	478	5%	23
307	Wells and Springs	4458	ĺ	223
311	Pumping Equipment	22278		1113
320	Water Treatment Equipment	905		45.
330	Distribution Reservoirs and Standpipes	32400		1620
331	Transmission and Distribution Mains	11363		568
333	Services			
334	Meters and Meter Installations	1460		73
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment	4631		232
348	Other Tangible Plant		V	
	TOTALS	71913	5%	3665

This amount goes on the Comparative Statement of Income and Expense _____ Acct. No. 403.

COMPANY NAME

Dolls Water Co, Inc

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 2769	\$ 11 295
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies	11310	16600
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 14071	\$ 27835
	FIXED ASSETS		
101	Utility Plant in Service	\$ 47973	\$ 75212
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(45212)	<45UZ/
121	Non-Utility Property	/	
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 2761	\$ 30000
	TOTAL ASSETS	\$ 16841	\$ 57835

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

COMPANY NAME 126/19 WOLEV CO, The

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES	IEAR	IBAK
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies	12481	9094
235	Customer Deposits	30-1	277
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 12838	\$ 9371
	YONG TERM PERM (O. 12 M. d.)		
	LONG-TERM DEBT (Over 12 Months)	<u> </u>	670000
224	Long-Term Notes and Bonds	<u> </u>	\$30000
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$ 12834	\$ 39371
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 70500	\$ 20500
211	Paid in Capital in Excess of Par Value		7
215	Retained Earnings	(156.78)	(198017
218	Proprietary Capital (Sole Props and Partnerships)	28191	137/010
	TOTAL CAPITAL	\$ 4003	\$ 18 465
	TOTAL LIABILITIES AND CAPITAL	\$/6841	s 57836.

COMPANY NAME //e//5 WOLLY CO, ILC

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
No.		100	e a -addit
461	Metered Water Revenue	<u>\$ 22/50</u>	\$ 25844
460	Unmetered Water Revenue		
474	Other Water Revenues	D 0 8 1 6 0	0 2
	TOTAL REVENUES	\$ 73/50	\$ 25844
	OPERATING EXPENSES	Δ	0.7:20
601	Salaries and Wages	\$	\$ 2179
610	Purchased Water		
615	Purchased Power	2521	2623
618	Chemicals		11110
620	Repairs and Maintenance	7/36	4410
621	Office Supplies and Expense	536	602
630	Outside Services	2000	
635	Water Testing	25/8	1996.
641	Rents	2400	2400
650	Transportation Expenses		
657	Insurance – General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	7805	
403	Depreciation Expense	/37	3665.
408	Taxes Other Than Income	1514	1613
408.11	Property Taxes	438	711
409	Income Tax		
· · · · · · · · · · · · · · · · · · ·	TOTAL OPERATING EXPENSES	\$ 23055	\$ 60199
	OPERATING INCOME/(LOSS)	\$ < 905	\$ 5/045
-			
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	TOTAL OTTENTION		
	NET INCOME/(LOSS)	\$ (905)	\$ 5645

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COMPANY NAME	1/4/19	Water Co.	

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #	1 LOA	AN #2 LO	AN #3	LOAN #4
Date Issued					
Date Issued					
Source of Loan					
ACC Decision No.					
Reason for Loan					
Dollar Amount Issued	\$	\$	\$		S
Amount Outstanding	\$	\$	\$		B
Date of Maturity					
Interest Rate		%	%	%	%
Current Year Interest	\$	\$	\$		\$
Current Year Principle	\$	\$	\$		\$

Meter Deposit Balance at Test Year End	_\$	477	
Meter Deposits Refunded During the Test Year	_\$	0	

COMPANY NAME / 1/5 Water (0, 140	
Name of System: 1/0/1/5 ADEQ Public Water System Number: 13029	

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
302747	Wot used	40			30	
802748	Notuse	8			250	
302749	Turpin	40			30	
802759	3	40			30	
		7				

^{*} Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUMPS		FIRE HYDRANTS		
Horsepower	Quantity	Quantity Standard	Quantity Other	
	·			

STORAGE TAN	NKS	PRESSUI	RE TANKS
Capacity	Quantity	Capacity	Quantity
2400	;		
12000	3	2100	

Note: If you are filing for more than one system, please provide separate sheets for each system.

\mathcal{I}	
COMPANY NAME /////S	Mater Co, Tuc
Name of System: //// 5	ADEQ Public Water System Number: 13029

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

	4	-		~
N/I	Λ		V	•
17.	_		- 1	. 7

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X ³ / ₄	67
3/4	<i>u</i> /
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.				
TREATMENT EQUIPMENT:				
STRUCTURES:				
OTHER:				

Note: If you are filing for more than one system, please provide separate sheets for each system.

Name of System: 1/0/5 ADEQ Public Water System Number: 130.29	\sim 1		
Name of System: /2//5 ADEO Public Water System Number: /2079	MPANY NAME: ////	Moter Co, Tac	
Traine of System.	ne of System:	ADEQ Public Water System Number:	13029

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2010

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLONS PUMPED	GALLONS PURCHASED
		(Thousands)	(Thousands)	(Thousands)
JANUARY	66	417208	417208	
FEBRUARY	64	353 707	353707	
MARCH	105	368110	368110	
APRIL	64	462647	462647	
MAY	64	425343	425343	
JUNE	64	737390	737390	
JULY	102	855233	855233	
AUGUST	63	899666	3991066	
SEPTEMBER	64	733926	733926	
OCTOBER	104	788058	788058	
NOVEMBER	704	1047030	1047030	
DECEMBER	64.	440500	440500	
	TOTALS →	7/288/8	7128818	

What is the level of arsenic for each well on your system? <u>* UU 7</u> mg/l (If more than one well, please list each separately.)
If system has fire hydrants, what is the fire flow requirement? L/GPM forhrs
If system has chlorination treatment, does this treatment system chlorinate continuously? () Yes No
Is the Water Utility located in an ADWR Active Management Area (AMA)? (Yes () No
Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement? () Yes (No
If yes, provide the GPCPD amount:

Note: If you are filing for more than one system, please provide separate data sheets for each system.

	\mathcal{T}	, A	
COMPANY NAME:	110115	11/0Her (0, T2.C	
Name of System:	12/15	ADEQ Public Water System Number:	13029
/	/ 		7

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTALS>	0	0	0

OTHER (description):							

			<u> </u>		 	 	
					 	 <u> </u>	
	W-11-2				 		

COMPANY NAME	12/15	Water	(o, Ihc	YEAR ENDING 12/31/2010
CUMFANT NAME	120101	000		_ I EAR ENDING IZISIIZUK

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2010 was: \$
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.
If no property taxes paid, explain why

VERIFICATION AND **SWORN STATEMENT** <u>Taxes</u>

RECEIVED	
ti.	

ACC UTTLITTES DIRECTOR **VERIFICATION** COUNTY OF (COUNTY NAME) 72020 STATE OF NAME (OWNER OR OFFICIAL) TIPLE Vano I, THE UNDERSIGNED OF THE DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION MONTH DAY YEAR FOR THE YEAR ENDING 31 2010 12

> HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME

20

THIS

OFFICIAL SEAL MEMI PERKINS NOTATIVARUBLIC - State of Arizona YAVAPAI COUNTY

My Comm. Expires Oct. 2, 2013

MY COMMISSION EXPIRES

DAY OF

INCOME TAXES

For this reporting period, provide the following:	
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	9304.
State Taxable Income Reported Estimated or Actual State Tax Liability	9306
Amount of Grossed-Up Contributions/Advances:	
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances	

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability

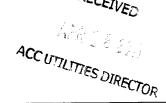
company or the sole proprietor, if a sole proprietorship.

VERIFICATION **AND** SWORN STATEMENT

	Intrasta	ate Revenues On	<u>1Y</u>		į.
VERIFICATION	2011/17 OF (2011)			ACC UNTERT	
STATE OF AMIZON?	COUNTY OF (COUNT	9010	1/21	ACCUMULTIES DIREC	TOR
I, THE UNDERSIGNED	NAME (OWNER OR O	FFICIAL) TITLE	1 Colin	Tr	
I, THE UNDERSIGNED	COMPANY NAME	Dalle In	10:00		
OF THE		LUIT WOI	4 (0, j	20	
DO SAY THAT THIS ANNUAL	UTILITY REPOR			RATION COMMIS	<u>SSION</u>
FOR THE YEAR ENDING	12	DAY 31	YEAR 2010		
HAS BEEN PREPARE PAPERS AND RECORD THE SAME, AND IT STATEMENT OF BUT COVERED BY THIS HASEL SET FORTH, TO THE SWORN STATEMENT IN ACCORDANCE WE WILL A COPERATING REVENUE OPERATING REVENUE OPERATION	RDS OF SAID DECLARE THE USINESS AND REPORT IN RES BEST OF MY K TITH THE REQ USED STATUTE	UTILITY; THA E SAME TO AFFAIRS OF SPECT TO EAC NOWLEDGE, I UIREMENT OF ES, IT IS HER	AT I HAVE OBE A COM SAID UTIL THE AND EVE INFORMATION TITLE 40, A EIN REPOR	CAREFULLY EXIPLETE AND COLOR THE RY MATTER AND ON AND BELIES ARTICLE 8, SECTED THAT TH	XAMINED CORRECT PERIOD ND THING F. CTION 40- E GROSS
		Arizona Intrastate \$	25 844 IT IN BOX AI	<u> </u>	E D)
**REVENUE REPORTED ON THIS PAINCLUDE SALES TAXES BILLED OF COLLECTED. IF FOR ANY OTHER THE REVENUE REPORTED ABOV AGREE WITH TOTAL OPERATING ELSEWHERE REPORTED, ATTAC STATEMENTS THAT RECONCILE DIFFERENCE. (EXPLAIN IN DETAIN SUBSCRIBED AND SWORN TO BE	OR REASON, E DOES NOT G REVENUES H THOSE THE IL)		RE OF OWNER OR OFFI	Mu M.	
THIS OFFICIAL SEAL MEMI PERKINS NOTARY PUBLIC IN AND FOR TO MEMI PERKINS NOTARY SEBULO: State of Artona YAVAPAI COUNTY My Comm. Expires Oct. 2, 2013 Management of Artona YAVAPAI COUNTY My Comm. Expires Oct. 2, 2013	THE COUNTY OF DAY OF	MONTH ATTY	AUPPOTARY PUBLIC	0	
	/	· ·			17

VERIFICATION AND **SWORN STATEMENT** RESIDENTIAL REVENUE

Intrastate Revenues Only



VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

	Ο χ
COUNTY OF (COUNTY NAME) (17/17/17)	
NAME (OWNER OR OFFICIAL) DOVID A CONCRETE HESIOLIS	1
COMPANY NAME DOUG / 1/5 / 1/0 Her CO, IAC.	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

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FOR THE YEAR ENDING

MONTH DAY 12

VEAR 2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2010 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES INCLU	MOUNT IN BOX AT LEFT DES \$ ES TAXES BILLED, OR COLLECTED) SIGNATURE OF OWNER OR OFFICIAL TELEPHONE NUMBER
SUBSCRIBED AND SWORN TO BEFORE ME	NOTARY PUBLIC NAME MPWI PErkin
A NOTARY PUBLIC IN AND FOR THE COUNTY OF	COUNTY NAME 4 CLOSSO
THIS /5 Hc DAY OF	MONTH / / / . 20 _//
OFFICIAL SEAL MEMI PERKINS	77.77

(SEAL)

MY CON

NOTARY PUBLIC - State of Arizona YAVAPAI COUNTY Comm. Expires Oct. 2, 2013

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